

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002552

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 154

FILED FEB 15 1962

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Mt. Vernon

Length of stay in lb

2 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Mo. State Sanatorium

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

MACON

c. CITY

OR

TOWN

La Plata

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

502 N. BROWN

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Arthur

Middle

David

Last

Williams

4. DATE
OF DEATH

Month

2

Day

4

Year

62

5. SEX

male

6. COLOR OR RACE

white

7. Married

Never Married

Widowed

8. DATE OF BIRTH

6-25-89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Brookfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Rice Williams

13b. MOTHER'S MAIDEN NAME

Mary E. Bunch

14. NAME OF HUSBAND OR WIFE

Mary C. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital record; Mo State Sanatorium

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Tuberculosis, far

INTERVAL BETWEEN

ONSET AND DEATH

3 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Advanced, Active

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-2-62

to 2-4-62

and last saw her

8:30 PM, 2-4-62

Death occurred at

2-4-62

9:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mo. State Sanatorium

22c. DATE SIGNED

2-4-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb 7, 62

23c. NAME OF CEMETERY OR CREMATORY

Bell Cemetery

23d. LOCATION (City, town, or county)

Macon County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, La Plata, Mo.

25. DATE RECD. BY LOCAL REG.

2-6-62

26. REGISTRAR'S SIGNATURE

Roy Wayne

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.